

P14000034911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

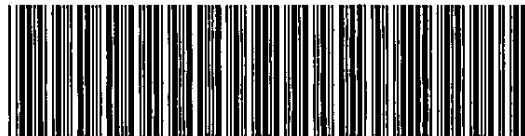
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2016 MAY 31 AM 11:19

JUN - 2 2016

C LEWIS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI NEVER SLEEPS INC

(Name of Corporation)

**DOCUMENT NUMBER:** P14000034911

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**EDUARDO PINO**

(Name of Person)

**MIAMI NEVER SLEEPS INC**

(Name of Firm/Company)

**480 W PARK DR APT 201**

(Address)

**MIAMI, FL 33172**

(City/State and Zip Code)

For further information concerning this matter, please call:

**EDUARDO PINO**

(Name of Person)

at ( **786** ) **370-6436**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

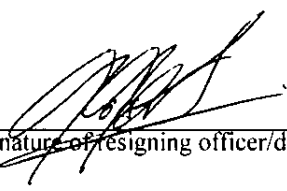
2016 MAY 31 AM 11:19

I, GOAR GONZALEZ CARVAJAL, hereby resign as VICEPRESIDENT  
(Title)

of MIAMI NEVER SLEEPS INC  
(Name of Corporation)

P14000034911, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314